DVHA Routing Form

| Type of Agreement: Contract Ag | greement #: 18263 | Form of Agreement | : Amendment Ame | endment #: 2 | |
|---|---------------------------------|-------------------|---------------------------------------|------------------|--|
| Name of Recipient: Special Services | Γransportation Agency (SSTA) | | Vendor #: 6803 | | |
| Agreement Manager: Bill Clark | | Phone #: 879-5958 | | | |
| Brief Explanation of Adding six months Agreement: | of funding for transportation s | ervices | | | |
| Start Date: October 1, 2010 | End Date: December 31, 20 | Maxin | num Amount: \$195,245.00 | | |
| Amendments Only: Maximum Pri | ior Amount: \$117,147.00 | Perc | entage of Change: 66.66% | | |
| Bid Process (Contracts Only): Star | | | | ter Contract SOW | |
| | Funding S | Source — | | | |
| Global Commitment 93.778 | \$195,245.00 | | | | |
| | * | | | | |
| | 7 | | | | |
| | | | | | |
| | Contents of Atta | ched Packet — | | | |
| ⊠ AA-14 | Attachments A, B, C & F | | Attachment G - Acad | lemic Research | |
| ⊠ Sole Source Memo | Attachment D - Modification | ons to C & F | ☐ MOU | ienne Researen | |
| Qualitative/Justification Memo | Attachment E - Business A | | | #2 | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| Reviewe | | Reviewer Initia | ils Date In | Date Out | |
| VHA Grant & Contract Administrator | Kate Jones | luh - | 7/14 | 7/14 | |
| VHA BO | Jill Gould | 1 0 6 | 7/14/11 | 7/14/11 | |
| VHA Commissioner | Lori Collins | RI | 7/14/11 | 3/14/11 | |
| HS Attorney General | Seth Steinzor | 12 | | 7/22/11 | |
| ollowing Approvals for Contracts Only: | | | | 1/1/11 | |
| HS CIO | Angela Roulle | | | | |
| HS Central Office | Martha Faber | | | | |
| HS Secretary | Patrick Flood, Dept Sec | | | | |
| vision Account Codes: Paid through H | P's MMIS system | | | | |
| Subrecipient Module Entry FFATA Entry | Initials & Date | Vision PO | #: | | |
| | | | | | |

| STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION Form AA-14 (10/18/2010) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Note: All sections are required. Incomplete forms will be returned to department. | | | | | | | | |
| CHECK ONLY ONE BOX IF APPLICABLE: | | | | | | | | |
| I. CONTRACT INFORMATION: | | | | | | | | |
| Agency/Department: AHS/ DVHA Contract #: 18263 Amendment #: 2 Vendor Name: Special Services Transportation Agency VISION Vendor No: 6803 Vendor Address: 2091 Main Street, Colchester, VT 05446 Starting Date: 10/1/2010 Ending Date: 12/31/2011 Amendment Date: Summary of agreement or amendment: Adding six months of funding for transportation services. | | | | | | | | |
| II. FINANCIAL INFORMATION | | | | | | | | |
| Maximum Payable: \$195,245 Prior Maximum: \$117,147 Prior Contract # (If Renewal): | | | | | | | | |
| Current Amendment: \$78,089 Cumulative amendments: \$78,098 % Cumulative Change: 66.66 % | | | | | | | | |
| Business Unit(s): 03410 VISION Account: 507600 | | | | | | | | |
| II. PERFORMANCE INFORMATION | | | | | | | | |
| Does this Agreement include Performance Measures tied to Outcomes and/or financial Yes No | | | | | | | | |
| reward/penalties? | | | | | | | | |
| Estimated Funding Split: G-Fund % S-Fund % F-Fund % GC-Fund 100.00 % Other % | | | | | | | | |
| III. PUBLIC COMPETITION | | | | | | | | |
| The agency has taken reasonable steps to control the price of the contract or procurement grant and to allow qualified organizations to compete for the | | | | | | | | |
| work authorized by this contract. The agency has done this through: Standard bid or RFP Simplified Bid Sole Sourced Qualification Based Selection Statutory | | | | | | | | |
| IV. TYPE OF AGREEMENT & PERFORMANCE INFORMATION | | | | | | | | |
| Service Personal Service Architect/Engineer Construction Marketing | | | | | | | | |
| Check all that apply: | | | | | | | | |
| V. SUITABILITY FOR CONTRACT FOR SERVICE | | | | | | | | |
| Yes No n/a If this is a Personal Service contract, does this agreement meet all 3 parts of the "ABC" definition of independent contractor? (See Bulletin 3.5) If NO, then contractor must be paid through Payroll | | | | | | | | |
| VI. CONFLICT OF INTEREST | | | | | | | | |
| By signing below, I certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business. | | | | | | | | |
| Yes No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was | | | | | | | | |
| selected for improper reasons: (If yes, explain) | | | | | | | | |
| VII. PRIOR APPROVALS REQUIRED OR REQUESTED | | | | | | | | |
| Yes No Agreement must be approved by the Attorney General under 3 VSA §311(a)(10) (personal service) | | | | | | | | |
| Yes No I request the Attorney General review this agreement as to form No, already performed by in-house AAG or counsel: (initial) | | | | | | | | |
| Yes No Agreement must be approved by the Comm. of DII; for IT hardware, software or services and Telecommunications over \$100,000 | | | | | | | | |
| Yes No Agreement must be approved by the CMO; for Marketing services over \$15,000 | | | | | | | | |
| Yes No Agreement must be approved by Comm. Human Resources (privatization and retiree contracts) | | | | | | | | |
| Yes No Agreement must be approved by the Secretary of Administration VIII. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL | | | | | | | | |
| I have made reasonable inquiry as to the accuracy of the above information: | | | | | | | | |
| 7/14/11 For Colliss 7/29/11 Patrul Flors | | | | | | | | |
| Date Agency / Department Head Date Agency Secretary or Other Department Head (if required) | | | | | | | | |
| Date Approval by Attorney General Date Approved by Commissioner of Human Resources | | | | | | | | |
| | | | | | | | | |
| Date CIO Date CMO Date Secretary of Administration | | | | | | | | |
| Date CIO Date CMO Date Secretary of Administration (initial) | | | | | | | | |



State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
www.dvha.vermont.gov

Agency of Human Services [Phone] 802-879-5900 [Fax] 802-879-5651

MEMORANDUM

TO:

Jeb Spaulding; Secretary, Agency of Administration (AOA)

FROM:

Lori Collins; Acting Commissioner, Department of Vermont Health

Access (DVHA)

THROUGH:

Douglas Racine; Secretary, Agency of Human Services (AHS) If for DR

DATE:

July 14, 2011

SUBJECT:

Approval for Sole-Source Contract for:

Special Services Transportation Agency (SSTA) (Contract # 18263)

Duration is: 10/01/10 - 12/31/11

Value of Contract: \$117,147.00 Proposed Increase: \$78,098

DVHA seeks to follow up with its recent extension amendments with an amendment that adds additional funding to the contract. When the extension amendment was finalized, we incorrectly calculated that there was enough money remaining in each contract to fund an additional six months of work. In reality, we do not have enough funding available to continue our transportation contracts. We have instructed providers to hold off on invoicing DVHA as long as possible while the current amendments are in review.

The contractors raised an issue about the lack of additional funding close to the contract's end date of 6/30/11 (before extension), although it was too late to rectify the problem without the contract expiring. Contractors have signed their six month extensions without funding to continue to the working relationship, but in good faith that funding would be added in a new amendment.

The maximum contract amount was calculated to allow us to level-fund the six-month extension of the contract term. Using the current monthly invoice amount, we added six more months of funding. We also pro-rated the criminal background checks and Volunteer Recruitment and Retention funds for an additional six months.

This contract covers the administrative costs associated with the Non-Emergency Medicaid Transportation (NEMT) program for this broker. The administrative costs in this contract are identical to those paid in the previous fiscal year. Our performance measures have been working well, accruing savings for this program achieved through a decrease in utilization of the program. Utilization costs are paid as claims through the Medicaid Management Information System



(MMIS). We will reduce utilization by identifying and correcting inefficiencies and fraudulent/wasteful utilization.

The funding for this contract will be covered by the Global Commitment to Health Appropriations and complies with all mandatory provisions of AOA Bulletin 3.5.

AOA Approval:

APPROVED

Secretary of Administ

Dete 04/05/11

STATE OF VERMONT AMENDMENT TO CONTRACT FOR PERSONAL SERVICES Special Services Transportation Agency

Page 1 of 1 Contract # 18263 Amendment #2

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Special Services Transportation Agency (hereafter called the "Contractor") that the contract on the subject of Medicaid transportation services, effective October 1, 2010, is hereby amended effective upon execution by both parties, as follows:

By deleting on page 1 of 115, Section 3 (Maximum Amount) and substituting in lieu thereof the following Section 3:

3. <u>Maximum Amount.</u> In consideration of the services to be performed by Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$195,245.

By deleting on pages 4-5 of 115, Section 1 (Summary of Billable Services), and substituting in lieu thereof the following Section 1:

| | TYPE OF PAYMENT | DESCRIPTION | SCHEDULE | MAXIMUM UNDER THIS CONTRACT | NOTES |
|--------------------------------------|----------------------------------|-------------------------------------|---|-----------------------------------|--|
| Administrative (General) | Monthly Administrative Fee | Payment for administrative services | | \$190,245 | |
| National Criminal Record Check | Pass Through | Per manual: see Attachment O | Line Item ("NCRC") on Monthly Invoice | \$3,333 | Contractor/Broker must retain documents, to make available to the DVHA upon request, which verifies this request for payment. |
| Taxi: VCIC Checks | Pass Through | Per manual: see Attachment O | Line Item ("Taxi VCIC") on Monthly Invoice | \$1,667 | Contractor/Broker must retain documents, to make available to the DVHA upon request, which verifies this request for payment. |
| MAXIMUM UNDER THIS CONTRACT | | | | \$195,245 | |

This amendment consists of 1 page. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#18266) dated October 1, 2010, shall remain unchanged and in full force and effect.

STATE OF VERMONT

CONTRACTOR

DEPARTMENT OF VERMONT HEALTH ACCESS

SPECIAL SERVICES TRANSPORTATION AGENCY

DEPARTMENT OF VERMONT
HEALTH ACCESS

2EP 2 9 20

9/30/11

MURRAY BENNER, EX DIRECTOR

/11

MARK LARSON, COMMISSIONER